PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

11-35767 (032350, B545)

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER	
TOTAL CLAIMS			20					RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			3-0 mir	nus 20=	* 4)		X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			4 minus 3 = *			'		X43=		OR	X86=	
ML	ILTIPLE DEPE	NDENT CLAIM P	RESENT						 			
* If the difference in column 1 is less than zero, enter "0" in column 2							+145=		OR	+290=		
							TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	٠.
	Independent	*	Minus	***		=	ľ	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+145=			+290=	
								TOTAL		OR	TOTAL	
	(Column 1) (Column 2) (Column 3)								,	OR	ADDIT. FEE	. 1
	 -	(Column 3)					10.7					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= .	ı	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	ſ	X43=		OR	X86=	·
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			+290=	
								TOTAL		OR	TOTAL	•
								DDIT. FEE		OR ,	ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	•	=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	t	X43=			X86=	-
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	-	
* 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT. FEE										OR ,	TOTAL ADDIT. FEE	
		ber Previously Paid					foun	nd in the app	ropriate box	in col	umn 1.	